

**APPLICATION DATA SHEET****Application Information**

|                                  |   |
|----------------------------------|---|
| Application number::             | N/A   |
| Filing Date::                    | 11/14/01  |
| Application Type::               | Regular   |
| Subject Matter::                 | Utility   |
| Suggested classification::       | N/A   |
| Suggested Group Art Unit::       | N/A   |
| CD-ROM or CD-R?::                | N/A   |
| Number of CD disks::             | N/A   |
| Number of copies of CDs::        | N/A   |
| Sequence submission?::           | N/A   |
| Computer Readable Form (CRF)?::  | N/A   |
| Number of copies of CRF::        | N/A   |
| Title ::                         | SYSTEM AND METHOD FOR LIGHT<br>ACTIVATION OF HEALING MECHANISMS |
| Attorney Docket Number::         | 120083.403  |
| Request for Early Publication?:: | NO  |
| Request for Non-Publication?::   | NO  |
| Suggested Drawing Figure::       | 9   |
| Total Drawing Sheets::           | 8   |
| Small Entity?::                  | YES   |
| Petition included?::             | NO  |
| Petition Type::                  | N/A   |
| Licensed U.S. Gov't Agency::     | NO  |
| Contract or Grant No::           | N/A   |
| Secrecy Order in Parent Appl.?:: | N/A   |

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: G.  
Family Name:: Denton  
Name Suffix:: N/A  
City of Residence:: Issaquah  
State or Province of Residence:: Washington  
Country of Residence:: U.S.A.  
Street of mailing address:: 1531 NE Iris Street  
City of mailing address:: Issaquah  
State or Province of mailing address:: Washington  
Country of mailing address:: U.S.A.  
Postal or Zip Code of mailing address:: 98029

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Serene  
Middle Name:: N/A  
Family Name:: Murray-Denton  
Name Suffix:: N/A  
City of Residence:: Issaquah  
State or Province of Residence:: Washington  
Country of Residence:: U.S.A.  
Street of mailing address:: 1531 NE Iris Street

City of mailing address:: Issaquah  
 State or Province of mailing address:: Washington  
 Country of mailing address:: U.S.A.  
 Postal or Zip Code of mailing address:: 98029

### Third Applicant Information

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: U.S.A.  
 Status:: Full Capacity  
 Given Name:: Larry  
 Middle Name:: N/A  
 Family Name:: Azure  
 Name Suffix:: N/A  
 City of Residence:: La Conner  
 State or Province of Residence:: Washington  
 Country of Residence:: U.S.A.  
 Street of mailing address:: 13 Eagles Nest Drive  
 City of mailing address:: La Conner  
 State or Province of mailing address:: Washington  
 Country of mailing address:: U.S.A.  
 Postal or Zip Code of mailing address:: 98257

**00500**

Correspondence Customer Number ::

### Representative Information

|                                  |  |              |
|----------------------------------|--|--------------|
| Representative Customer Number:: |  | <b>00500</b> |
|----------------------------------|--|--------------|

### Domestic Priority Information

099449 "T" 02T6660

|                |                   |                      |                      |
|----------------|-------------------|----------------------|----------------------|
| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| N/A            | N/A               | N/A                  | N/A                  |

**Foreign Priority Information**

|           |                      |               |                    |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
| N/A       | N/A                  | N/A           | N/A                |

**Assignee Information**

|   |                        |
|---|------------------------|
| Assignee name::                         | Healing Machines, Inc. |
| Street of mailing address::             | 13 Eagles Nest Drive   |
| City of mailing address::               | La Conner              |
| State or Province of mailing address::  | Washington             |
| Country of mailing address::            | U.S.A.                 |
| Postal or Zip Code of mailing address:: | 98257                  |

120083.403/234,556[9/19/01]